

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

Serial No:

Filing Date

101595 993

Applicant(s)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						51							
2	1	2					52							
3							53							
4		6					54							
5							55							
6		1					56							
7		1					57							
8		1					58							
9		1					59							
10		1					60							
11		1					61							
12		1					62							
13		1					63							
14		1					64							
15		1					65							
16		1					66							
17		1					67							
18		1					68							
19		1					69							
20		1					70							
21		1					71							
22		1					72							
23		1					73							
24		1					74							
25	1						75							
26	1						76							
27	1						77							
28	1						78							
29	1						79							
30	1						80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	17	←		←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS	20						TOTAL CLAIMS							